

Maine Adult 317 Vaccine Program Then, Now, Future

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Overview

- What we'll cover:
 - Key vaccine program updates through the lens of past, present and future trends.
 - Anticipated trends and changes in the 317 program.
 - Q&A



THEN: Historical Overview of the 317 Program

- **Origin and purpose**

- **Then:** The Section 317 Program, administered by CDC, was **enacted in 1962 through the Vaccine Assistance Act, or Section 317 of the Public Health Service Act.**
- The program focuses on meeting the needs of priority populations, such as uninsured and underinsured adults.

- **Vaccines Covered in under the 317 Program in the Past:**

- Tdap
- HPV
- Hep A & B

- **Historical Challenges:**

- Limited outreach
- Smaller scope of vaccine coverage
- Lack of funding



THEN: Adult Vaccine Recommendations

- **“Only for children” perception**
 - Vaccines were traditionally considered necessary for primarily children.
 - Adults rarely thought about vaccines beyond the occasional tetanus booster.
 - Only adults that are traveling need to get vaccinated.
 - College requirements.
- **Limited Recommendations for Adults**
 - Tetanus boosters recommended every 10 years, mostly received following injuries.
 - Little emphasis on regular vaccination for adults, unlike childhood vaccine schedules.
- **Early Shifts in Attitudes**
 - Over time, vaccines for diseases like influenza and pneumonia became available for adults.
 - Awareness grew around the importance of vaccinating adults to prevent serious diseases, especially for specific at-risk populations.
- **Key Developments Leading to Change**
 - Introduction of Tdap (2005) to protect against whooping cough (pertussis), tetanus and diphtheria.
 - Shift in CDC recommendations to include specific adult vaccines based on risk factors and age.



NOW: COVID-19 Pandemic

A Turning Point for Adult Immunization

- **Revealed the Importance of Adult Vaccination**

- Highlighted the fact that vaccines are essential for adults, not just children.
- Showed us how immunization can protect adults from severe illness.



- **Through the Development of COVID-19 Vaccines**

- Set a new standard for vaccine availability and access for adults.

- **Increased Awareness**

- Showed us the importance of vaccines in preventing outbreaks and reduce the burden to healthcare facilities.

- **Future Implications**

- Likely to influence future vaccine recommendations and access for adults.
- Encourages more consistent vaccination routines for adults to prevent other serious diseases.

NOW: Our Current 317 Vaccine Program

- **Expanded Vaccine Access and Coverage:**
 - Our program provides vaccines to a broader range of providers and to adults, especially those at higher risk and now offer a broader range of vaccines.
- **Current Challenges:**
 - Limited federal funds impacting the number of doses providers can order.
 - Navigating vaccine hesitancy and misinformation.
- **Vaccines Covered Now:**
 - All Adult ACIP Recommended vaccines, including:
 - Tdap
 - Hepatitis A
 - Hepatitis B
 - Meningococcal ACWY
 - Meningococcal serogroup B
 - Pneumococcal 20-valent conjugate
 - Shingles
 - MMR
 - Varicella
 - Polio
 - RSV
 - MPOX
 - COVID-19
 - Influenza



Then and Now: Changes to Vaccine Recommendations

Vaccine	Then	Now
Hepatitis B	<p>1991 – Initial HepB vaccination for adults in high-risk groups was introduced.</p> <p>2005 – 2018 – Updated recommendations to include more high-risk adult populations.</p>	<p>2022 – Guidance updated to recommend all adults 19-59 be vaccinated against HepB, regardless of risk factors. Adults over 60 without known risk factors may also receive the vaccine.</p>
Pneumococcal	<p>2022 – Revised recommendations for adults 65 and older and adults 19-64 with certain risk factors, providing broader protection and flexibility between new pneumococcal vaccines.</p>	<p>2024 – Lowered the recommended age for routine pneumococcal vaccination to adults aged 50 and older instead of 65.</p>
RSV	<p>2023 – Two RSV vaccines were approved under shared-clinical decision making for adults 60 years and older – Arexvy and Abrysvo</p>	<p>June 2024 - Updated recommendations for adults aged 75 and older to receive a single dose of any FDA licensed RSV vaccine. Vaccination was also recommended to adults 60 – 74 at increased risk of severe RSV disease.</p>

Then and Now: Changes to Vaccine Recommendations

Vaccine	Then	Now
Influenza	<p>Pre-2010: Individuals with egg allergies were advised to avoid influenza vaccines due to the risk of allergic reactions, since most vaccines were produced using egg-based methods.</p> <p>2016 -2021– Availability of egg-free vaccines.</p>	<p>2023 – Updated flu guidelines for those with an egg allergy, adults are now advised to receive an annual flu vaccine without the need for safety measures.</p>
Polio	<p>2000 – Unvaccinated or incompletely vaccinated adults at increased risk of poliovirus exposure recommended to complete a primary series of IPV.</p>	<p>2023 – Updated recommendations, advising all adults aged 18 and older who are unvaccinated or incompletely vaccinated with polio should receive a primary 3-dose IPV series. Adults with high risk of exposure (travelers, lab workers, hcws treating polio patients) are also recommended to receive a one-time lifetime booster of IPV.</p>
Mpox	<p>Pre-2022 – Vaccination recommended for those in certain African regions including lab workers, hcws involved in mpox outbreak response, and individuals living in high-risk transmission areas.</p>	<p>2022 – mpox cases increasing and vaccines were now being given to those in non-endemic countries</p>
HPV	<p>2011 – Catch-up vaccination up to age 21 and up to 26 for men who have sex with men and immunocompromised individuals.</p> <p>2014 – Recommends use for females aged 9-26 and males 9-21 and catch up, up to age 26 for certain groups.</p>	<p>2021 – Expanded Gardasil approval to include adults aged 27 – 45.</p>

Then: ImmPact and the Adult Program

- Ordering process has evolved
- Eligibility categories
 - Importance of denoting 317 vaccine correctly
- Docket
 - Removal of request form from website
 - More user-friendly application now available



Future: Emerging Trends in the 31 / Vaccine Program

On monthly basis,
adult staff audit
administered
doses for accuracy

Eligibility

If mistakes occur,
please contact the
Adult Vaccine
Program



Future: Emerging Trends in the 317 Vaccine Program

- **Future:** Exploring more sustainable models of vaccine funding and delivery
- **Increased focus on partnerships to expand access**
 - Emergency Preparedness Exercise
 - Migrant workers
 - Pharmacies to expand access to LTCFs
 - Recruiting sites with priority populations
- **Potential for new vaccines**
- **Focus on Equity**
 - Ensuring access to refugee populations



Best Practices for Adult Vaccine Providers

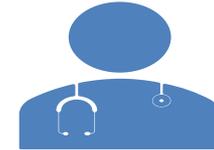


Documentation standards

Administration documentation

S&H documentation

Reconciliation and cold-chain data



Patient education

Adult specific posters available

How to order

Online materials order form

Weekly update and how to enroll in listserv

Monthly office hours



Materials Order Form

Email Updates
Sign up below to receive program updates, our monthly newsletter and other communications.

*Email Address



Resources

- Where to access previous webinars, ppts

<https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/vaccine-communications.shtml>

- ImmunizeME adult website

<https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/adult-immunization.shtml>

- IAC website

<https://www.immunize.org/>

- PneumoVax app

<https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations>

- Adult ACIP schedule

<https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>

- NAIIS SUMMIT

<https://www.izsummitpartners.org/>



Continued Resources

- Vaccine Collaborative

<https://vaccinateyourfamily.org/our-programs/>

- Just the Facts newsletter

<https://www.voicesforvaccines.org/resources/just-the-facts-newsletter/>

- Shot in the Arm documentary

<https://shotinthearmmovie.com/>



Questions?

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Thank You

